

Connecticut State Board of Accountancy  
30 TRINITY STREET  
HARTFORD, CT 06106  
QUALITY REVIEW RESCHEDULE AND WAIVER FORM

NAME \_\_\_\_\_ FIRM NUMBER \_\_\_\_\_

RESCHEDULE REQUEST

Presently scheduled year of review by the State Board \_\_\_\_\_

Proposed rescheduled year of review \_\_\_\_\_ ,

Date of Prior Review \_\_\_\_\_

Copy of the last Quality Review report attached

Reason for reschedule \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WAIVER REQUEST

\_\_\_\_\_ The firm does not engage in financial reporting areas of practice, including audits, compilations and reviews

\_\_\_\_\_ The firm does not intend to engage in any of said financial reporting areas of practice during the next year.

The firm agrees to notify the Board of Accountancy if we begin to engage in the financial reporting area of practice immediately upon acceptance of a single audit engagement, or review engagement or compilation engagement

\_\_\_\_\_

I do hereby swear under penalty of false statement that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_